

United States Environmental Protection Agency Office of Drinking Water Washington, DC 20460 <b>EPA</b> <b>UIC Federal Reporting System</b> <b>Part I: Permit Review and Issuance/</b> <b>Wells in Area of Review</b> (This information is solicited under the authority of the Safe Drinking Water Act)				I. Name and Address of Reporting Agency  Indiana Department of Natural Resources Division of Oil and Gas 402 W. Washington St., Rm. 293 Indianapolis, IN 46204							
II. Date Prepared (month, day, year) 1/14/2004				III. State Contact (name, telephone no.) Michael Nickolaus (317) 232-4055				IV. Reporting Period (month, day, year) From: 10/1/2003 To: 12/31/2003			
Item				Class and Type of Injection Wells							
						II					
					I	SWD 2D	ER 2R	HC 2H	III	IV	V
V. Permit Applications		Number of Permit Applications Received				4	5				
VI. Permit Determination		Permit Issued	A	Number of Individual Permits Issued (One well)	New Wells		1	1			
				Existing Wells		0	0				
			B	Number of Area Permits Issued (Multiple wells) (See instructions on back)	New Well Field		0	0			
				Existing Well Field		0	0				
			C	Number of Wells in Area Permits (See B above)	New Wells		0	0			
				Existing Wells		0	0				
	Permit Not Issued	D	Number of Permits Denied/ Withdrawn (after complete technical review)			0	0				
	Modification Issued	E	Number of Major Permit Modifications Approved			2	6				
VII. Permit File Review		Number of Rule-Authorized Class II Wells Reviewed		Wells Reviewed		3	14				
				Wells Deficient		0	1				
VIII. Area of Review (AOR)		Wells Reviewed	A	Number of Wells in Area of Review	Abandoned Wells		4	42			
				Other Wells		6	37				
			B	Number of Wells Identified for Corrective Action	Abandoned Wells		0	14			
				Other Wells		0	3				
		Wells Identified for C/A	C	1. Number of Wells in AOR with Casing Repaired/ Recemented C/A			0	0			
				2. Number of Active Wells in AOR Plugged/ Abandoned			0	0			
				3. Number of Abandoned Wells in AOR Replugged			0	0			
				4. Number of Wells in AOR with "Other" Corrective Action			0	0			
IX Remarks/ Ad Hoc Report (Attach additional sheets)											
<b>Certification</b>											
I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.											
Signature and Typed or Printed Name and Title of Person Completing Form Jim AmRhein, Assistant Director Permitting and Compliance						Date 1/14/2004		Telephone No. (317) 232-4055			